PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number								
11017965	26							

CLAIMS AS FILED - PART I							5	SMALL E	NTITY		OTHER	THAN		
(Column 1) (Column 2)						ımn 2)	, 1	TYPE [OR	SMALL	ENTITY		
TOTAL CLAIMS			32					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00		
TC	TAL CHARGE	ABLE CLAIMS	32 minus 20=		. 12			XS 9=	/0X	OR	X\$18=			
INDEPENDENT CLAIMS				inus 3 ≓	· U			X43=	172	OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	665	OR	TOTAL				
CLAIMS AS AMENDED - PART II								OTHER THAN						
_	1-13-05							SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	.36	Minus .	-32)	= 4		x\$25		OR	X\$ 16-	100		
AME	Independent	. 9	Minus	7	01.434	- 2		X43-		OR	X 86-	400		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=			
9, 15, 17, 21, 24, 29, 35						L	TOTAL		OR	. TOTAL	500.00			
(Column 1) (Column 2) (Column 3)														
_		CLAIMS	·	HIGHE	ST		lr	- I	ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE		
MON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	4	Minus	***		=		X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un	i			
•							L	+145=		OR	+290=			
							ΑĽ	TOTAL DIT. FEE		OR ,	TOTAL ADDIT: FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	44.		a .	Γ	X\$ 9=		OR	X\$18=			
ME	Independent		Minus	***		=	F	X43=		. 1	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						` -			OR	7,00-			
+145=										OR	+290=			
H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR A	TOTAL ODIT, FEE			
7	i me inighest Num he "Highest Num	mber Previously Paid ber Previously Paid	io for IN THIS I For (Total or	SPACE is Independen	iess than it) is the i	i 3, enter "3." highest number		DIT. FEE L	opriate box					